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| LeClairRyan 290 Linden Oaks Suite 310 Rochester, NY 14625 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
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| APPLICATION NO. FILING DATE | | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/587.705 | 10/587.705 10/03/2006 | | Joseph Hermes Kaal | | 28091/220 | 3518 | |
| TITLE OF INVENTION | RETRACTABLE SYF | RINGE WITH PLUNGER | DISABLING SYSTEM | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | YES | \$755 | \$300 | \$0 | \$1055 | 06/30/2011 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | | | | |
| RANADE, DIVA | | 3763 | 604-019000 | | | | |
| "Fee Address" indi PTO/SB/47; Rev 03-0: Number is required. 3. ASSIGNEE NAME AT | ondence address (or Cha/122) attached. cation (or "Fce Address 2 or more recent) attached. ND RESIDENCE DATA ess an assignee is ident in 37 CFR 3.11. Comp | inge of Correspondence "Indication form ed. Use of a Customer A TO BE PRINTED ON T | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for I a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | |
| Unitract Syringe Pty Ltd. West Perth, Western Australia, AUSTRALIA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government | | | | | | | |
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| 5. Change in Entity Stat a. Applicant claims | us (from status indicated SMALL ENTITY statu | | b. Applicant is no long | ger claiming SMAL | L ENTITY status. See 37 CF | R 1.27(g)(2). | |
| | Publication Fee (if requ | uired) will not be accepted | from anyone other than th | - | tered attorney or agent; or the | | |
| Authorized Signature | g | Fly | | Date | me 30,2011 | 2004-2004-2004-2004-2004-2004-2004-2004 | |
| Typed or printed name Gunnar G. Leinberg | | | Registration No. 35,584 | | | | |
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